

CONDYLOMATA ACUMINATA

I. INTRODUCTION

Condylomata acuminata or genital warts usually are caused by human papillomavirus (HPV) type 6 or 11. HPV infections of the genital tract are the most common sexually transmitted viral infections in the United States.

Genital warts are usually asymptomatic and can be found most commonly at the introitus in women, under the foreskin of the uncircumcised penis, and on the shaft of the circumcised penis. Genital warts can also occur at multiple sites in the anogenital epithelium or within the anogenital tract (e.g., cervix, vagina, urethra, perineum, perianal skin, and scrotum).

An important part of the clinical management is helping the client understand that the disease is a lifelong infection that may recur at any time and at any anatomic site.

II. HISTORY AND EVALUATION

A. History may include:

1. Recent change in sexual partner
2. Partner symptoms of STIs
3. Multiple partners
4. Lack of STI protection (lack of condom use)

B. Symptoms may include:

1. Painless wart-like lesions in perineal area
2. Burning, pain or priuritis

C. Physical exam findings may include: Flat, papular, or pedunculated growths on the genital mucosa

III. DIAGNOSIS

Diagnosis is usually made based on visual inspection by clinician. Biopsy may be indicated in cases unresponsive to treatment or if there is other reason for uncertainty in the diagnosis.

IV. TREATMENT

A. Provide treatment if client has signs or symptoms consistent with condyloma acuminata following the most recent CDC STD Treatment Guidelines found at:

<http://www.cdc.gov/std/treatment/default.htm>

B. The primary goal of treatment is the removal of symptomatic warts – removing the warts does not remove the virus. Treatment can induce wart-free periods in most clients. Secondary infection should be treated as it facilitates the growth or spread of genital warts. The persistence or recurrence of HPV disease is very common following completion of all treatment modalities. Spontaneous regression of genital warts often occurs.

V. SPECIAL TREATMENT CONSIDERATIONS

- A. The safety of podofilox and imiquimod during pregnancy has not been established.
- B. Clients with cervical, vaginal, anal and/or large vulvar warts should be referred for site medical director or qualified physician for consultation and management.

VI. PATIENT EDUCATION AND COUNSELING

- A. All female clients with genital warts should have a Pap smear at least once a year.
- B. Clients with genital warts should be made aware that they are infectious to sexual partners.
- C. Examination of sex partners is not necessary, however they may be referred for examination for possible genital warts and other STIs. There is no evidence to indicate that reinfection causes recurrences.
- D. The regular use of condoms is recommended to help reduce transmission.

VII. FOLLOW-UP

Recurrent lesions following apparent complete removal and spontaneous remission are common; subsequent treatment may be necessary.

REFERENCES

CDC. Sexually Transmitted Diseases Treatment Guidelines. 2010.